

# GENERAL FACT SHEET

06B-197

BILL NUMBER

BRIEF TITLE

LMC 8.26.040

APPROVAL DEADLINE

REASON

Assessment of Costs

## DETAILS

## POSITIONS/RECOMMENDATIONS

<p>Reason for Legislation</p> <p>Assess costs incurred by the Health Department for abating public health nuisances on private property</p>	Sponsor	Health
	Program Departments, or Groups Affected	Public Health Nuisances Environmental Health Private citizens
	Applicants/ Proponents	Applicant  Health  City Department  Health  Other
<p>Discussion (Including Relationship to other Council Actions)</p> <p>Failure to keep property clear of conditions which can contribute to rodent or insect breeding or existence, disease, etc., is a violation of LMC 8.26 Nuisances.</p> <p>Property owners and/or tenants with such conditions are given written notice to eliminate the condition. After notice and due time, if such conditions are not eliminated, LLCHD contracts for the abatement and clean-up. All associated costs are assessed against the property owner in accord with LMC 8.26.</p>	Opponents	Groups or Individuals  Private citizens  Basis of Opposition  Slight opposition, if any, to cost of assessment
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

## DETAILS

## POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	_____ _____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	COST of total project: \$ _____ COST of this ordinance Resolution \$ _____
		RELATED annual operating Costs \$ _____
		INCREASE REVENUE EXPECTED/YEAR \$ _____
SOURCE OF FUNDS	CITY _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
	NON CITY _____ \$ _____ % _____ \$ _____ % _____ \$ _____ %	
	BENEFIT COST	
	<input type="checkbox"/> Front Foot	Average Assessment \$ _____
	<input type="checkbox"/> Square Foot	\$ _____

**APPLICABLE DATES:**

**FACT SHEET PREPARED BY:** Bruce D. Dart/Scott E. Holmes

REVIEW BY:

REFERENCE NUMBER